

## Application Data Sheet

### APPLICATION INFORMATION

Application Number::

Filing Date:: 01-25-02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: FORMULATION OF BORONIC ACID COMPOUNDS

Attorney Docket Number:: 214980

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Shanker  
Middle Name:: Lal  
Family Name:: GUPTA  
Name Suffix::  
City of Residence:: Rockville  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 14620 Pommel Drive

City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20852

Inventor Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address:: US

Postal or Zip Code of mailing address::

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Non Provisional of	60/264,160	01/25/01

## FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

**ASSIGNEE INFORMATION**

Assignee name:: The United States of America, Represented by The  
Secretary, Department of Health and Human Services

Street of mailing address:: Office of Technology Transfer  
6011 Executive Blvd. Suite 325

City of mailing address:: Rockville

State or Province of  
mailing address:: MD

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address:: 20852